



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT

RENÉE CAMPBELL
VICE-PRESIDENT

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SECRETARY

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COMMISSIONER

SHAN LEE
COMMISSIONER

January 07, 2013

David Thomas Shearman
Santa Clarita Elks #2379
17766 Sierra Hwy
Canyon Country, CA 91351

HEARING ON APPLICATION FOR BINGO MANAGER/SC **BUSINESS LICENSE ID #139825**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, January 16, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....XXXXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXX
2ND PUBLISHING DATE:.....XXXXXX
3RD PUBLISHING DATE:.....XXXXXX

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

BINGO MANAGER/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... 17766 SIERRA HWY
CANYON COUNTRY, CA 91351
NAME OF APPLICANT:..... SANTA CLARITA ELKS #2379
DAVID THOMAS SHEARMAN
SANTA CLARITA ELKS #2379
DATE OF HEARING:..... 01/16/2013
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER /SC**

ADDRESS OF BUSINESS: **17766 SIERRA HWY, CANYON COUNTRY, CA 91351**

TELEPHONE: **(661) 251-1500**

OWNER OF BUSINESS: **DAVID THOMAS SHEARMAN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SANTA CLARITA ELKS #2379**

MAILING ADDRESS: **17766 SIERRA HWY, CANYON COUNTRY, CA 91351**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/03/12	dmiles
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/03/12	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 50.00

ID # 13825

BUSINESS INFORMATION

Type of Business: <u>(8379) Bingo Manager</u>	Address of Business: <u>17766 SERRA HWY Canyon Country</u>	
DBA (Business Name): <u>SANTA CLARITA ELKS 2379 SANTA CLARITA</u>	Business Telephone: <u>661-251-1500 9351</u>	
Mailing Address: <u>SAME</u>		
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>DAVID THOMAS SHEARMAN</u>		
Home Address: <u> </u>		
Home Telephone: <u> </u>	Cell Phone: <u>SAME AS HOME</u>	Email address: <u>THESHEARMAN@Vshoon.com</u>
Social Security #: <u> </u>	Date of Birth: <u> </u>	Place of Birth: <u>BURBANK</u>
Driver's License or State ID#: <u>1-1-1-1</u>		Expiration Date: <u>0</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u>5</u>	Weight: <u> </u>
Hair Color: <u>GRAY</u>		Eye Color: <u>BLUE</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 11/5/2012 Applicant's Signature: [Signature]

Application taken by: llp Date: 11-5-12

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**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

Veroni A
912-01300

KIND OF BUSINESS: BINGO MANAGER /SC

ADDRESS OF BUSINESS: 17766 SIERRA HWY, CANYON COUNTRY, CA 91351

TELEPHONE: (661) 251-1500

OWNER OF BUSINESS: DAVID THOMAS SHEARMAN

9/3/56

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA ELKS #2379

MAILING ADDRESS: ~~17766 SIERRA HWY, CANYON COUNTRY, CA 91351~~

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WLP 536470

DATE: _____

12/3/12

BASIC LICENSE NO. 8379

DATE 11/06/12

11/6 IDENTIFICATION NUMBER 139825

Dated 12/3

Rb